IN THE ABSTRACT

A Quarterly Newsletter from the Kentucky Cancer Registry
Large Hospital Edition October 2004

New Content for 2005 CTR Exam

Goodbye Summary Stage 2000, and hello Collaborative Staging System! The next version of the certification exam will look quite different in March 2005. Questions will be drawn from publications of several organizations, including the following:

- ⇒ ICD-O-3
- ⇒ FORDS (revised for 2004)
- ⇒ AJCC 6th edition Staging Manual
- ⇒ CoC Cancer Program Standards 2004
- ⇒ Collaborative Staging Manual

Collaborative Staging test items will include these fields and sites:

CS DATA FIELDS:

1. CS Extension
2. CS Lymph nodes
3. CS Metastasis at Diagnosis

Specific CS FIELD SITES:

1. Breast
2. Lung
3. Colon
4. Rectum
5. Bladder
6. Kidney
7. Melanoma
8. Ovary
9. Corpus Uteri (Endometrium)
10. Pancreas
11. Thyroid

The 2005 Handbook for Candidates will be posted in late 2004. Check this website for additional information: www.ctrexam.org/❖

MARK YOUR CALENDAR!

September 8-9, 2005 -
KCR Fall Workshop
Seelbach Hilton Hotel
Louisville KY

People News

New Hires:	**Emily Reed**	**KCR Non-Hospital Facility Abstractor**
	Marilyn Wooten, CTR	**KCR Casefinding Manager**
	Diane Roberts, CTR	**Owensboro Medical Health System**
	Donna Lamb	**Baptist Hospital East, Louisville**
New CTR:	**Joann Murray, CTR**	**Owensboro Medical Health System**
Resignations:	**Emily Reed**	**KCR Casefinding Auditor**
	Donna Warwick, CTR	**Caritas Medical Center, Louisville**

ACoS Cancer Program Approvals

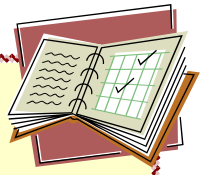
- Pikeville Methodist Hospital was notified earlier this year that its cancer program was awarded full reapproval status. Leisa Hopkins, CTR, is to be applauded.
- Medical Center at Bowling Green received full approval of its cancer program. Congratulations go out to Jana Thornton, CTR, and Kendra Garvin.
- Western Baptist Hospital just recently received notification of reapproval of its cancer program. Julie Welch, CTR, Betty Copeland, CTR, and Donna Schmidt are celebrating!❖

Golden Bug Award!!

Due to the number of bugs that were identified this past quarter, only the winners' names will be listed below. The IT staff continues to appreciate all bug alerts and thanks everyone who notifies them of potential software problems.

Jodee Chumley, Baptist Hospital East
Sherry Gabehart, Hardin Memorial Hospital
Kim Hess, King's Daughters Hospital
Judith Shelby, Vanderbilt University Hospital
Mary Wilson, University of Louisville

Calendar of Events



November 1, 2004—SEER Submission of Year 2002 data

January 12, 13, 14, 2005—KCR Abstractor's Training—Lexington KY

January 31, 2005—Deadline for CTR Exam Application

March 5, 2005—CTR Exam, Lasergrade Testing Sites

SEER CODING QUESTIONS

The following questions were recently finalized on the SEER Inquiry System (SINQ). Take this opportunity to review these coding problems.

Question 1: Prostate: How do you stage a case that received preventative chemo before the definitive cancer diagnosis? Please see example below.
A patient has a "suspicious but not diagnostic" biopsy of the prostate in 9/2002. Doctor said it was not cancer and put the patient on a preventative chemo drug study (GTX-211). The patient returned for a repeat biopsy on 4/2003, and it was positive for adeno-carcinoma. Since he hadn't been diagnosed when chemo was administered, can he be staged using the post-chemo information?

Answer: *Stage this case the same as all other cases. Use only information from the date of diagnosis forward to code stage and treatment.*
The diagnosis date in the example above is 4/2003. Do not use information prior to 4/2003 to code stage or treatment. Do not include the preventative chemo as treatment. (SINQ #2004-1065; SEER Prog Code Man, 3rd Ed; pg 119)

Question 2: CS Site Specific Factor-Breast: Pathology report states "1.1 cm infiltrating duct carcinoma. No extensive intraductal component." Can we interpret this as "minimal"?

Answer: *Yes. Based on the information provided above, the in-situ component is "minimal" for the purpose of coding Breast CS Site Specific Factor 6. The phrase "no extensive intraductal component" suggests that there is some intraductal carcinoma present. (SINQ #2004-1053; CS Manual, Part II; pg 465)*

Question 3: CS Extension-Prostate: What is the Collaborative Stage - Extent code for a prostate tumor that is clinically inapparent, but a biopsy from the prostatic apex is positive? Is this 15 or 34?

Answer: *Code CS Extension-Clinical Extension to 15 [Tumor identified by needle biopsy, e.g., for elevated PSA (clinically inapparent)] for clinically inapparent prostate cancer with positive apex biopsy. (SINQ #2004-1054; CS Manual, Part II)*

Question 4: Reportability: Is VIN II-III described as moderate to severe dysplasia reportable to SEER? Likewise VAIN II-III, and AIN II-III described as moderate to severe dysplasia.

Answer: *Yes, these are reportable. VIN II-III is VIN III, VAIN II-III is VAIN III. AIN II-III is AIN III. VIN-III, VAIN-III and AIN-III are listed in ICD-O-3 with a behavior code of /2. All cases with a behavior code of /2 or /3 in ICD-O-3 are reportable. (SINQ #2004-1056; ICD-O-3; SEER Prog Code Man, 3rd ed; pg 6)*

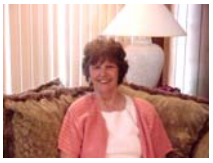
Question 5: Primary site: A high grade soft tissue sarcoma is present in the upper outer quadrant of breast. Is primary site C50.4 or C49.3?

Answer: *If the sarcoma is primary in the breast, code the primary site C504 [upper-outer quadrant of breast]. C500 - C509 include soft tissue of breast. (SINQ #2004-1058; ICD-O-3)*

Abstracting News in Brief...

- ALL brain tumor biopsies are coded as surgeries, according to the FORDS 2004 updates and Benign Brain/CNS Spring Training.
- When working on benign brain cases, think "tumor" status instead of "cancer" status. (Is there residual tumor, or is the patient tumor-free?)
- Abstract benign brain/CNS tumors, NOT tumors of peripheral nerves (those located outside of the central nervous system). Benign nerve tumors that originate outside of the brain or spinal cord are not reportable.
- Four new training modules are available for your viewing pleasure on the SEER website.
- Blanks can now be left in TNM fields when the physician has not assigned these staging elements.
- Effective 1/1/05, AJCC/TNM staging is to be recorded in a "standardized location" in the record.
- The latest NCDB call for data (years 1993, 1998, & 2003) is due for submission **by 12/3/04**.
- New FORDS errata are up on the ACoS website, available for printing out and updating your hospital manual.

In Memoriam
Judith A. Cook



1941-2004
A friend, a colleague, a role model….
Her warmth and smile are missed by all